



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 686058		2. Exact name of the Corporation J.J.A INSURANCE AGENCY, INC.			
3. Principal office address 46 Meadowrue Trail		City Saunderstown	State RI	Zip 02874	RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2016 MAR 29 AM 10:30
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Insurance Business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jeffrey J. Abrams		Vice-President Name Jeffrey J. Abrams			
Street Address 46 Meadowrue Trail		Street Address 46 Meadowrue Trail			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Jeffrey J. Abrams		Treasurer Name Jeffrey J. Abrams			
Street Address 46 Meadowrue Trail		Street Address 46 Meadowrue Trail			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jeffrey J. Abrams		Director Name NONE			
Street Address 46 Meadowrue Trail		Street Address			
City Saunderstown	State RI	Zip 02874	City	State	Zip
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600		.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 29 2016

By A 271149

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

Jeffrey J. Abrams

Print or Type Name of Authorized Representative